Attorney Docket No. 2815-0266PUS2

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: . YOU MUST COMPLETE THE **FOLLOWING** 

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated

•	next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Insert Title:	NOVEL UREA DERIVATIVES AND THEIR MEDICAL USE								
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:								
Fill in Appropriate Information – For Use Without Specification Attached:	The specification was filed on as United States Application Number :								
	and amended on (if applicable) and/or								
	the specification was filed on03/16/2005 as PCT International Application Number _PCT/EP2005/051183 ;								
	and was amended on (if applicable)								
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the								
	claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.								
	I do not know and do not believe the same was ever known or used in the United States of America before my or								
	our invention thereof, or patented or described in any printed publication in any country before my or our invention								
	of America more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented as made the orbital states.								
	an inventor's certificate issued before the date of this application in any country foreign to the United States of America								
	ori an application need by file of the legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's extilicate on this inventor has been filed in								
	except as follows.								
	I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
•	Prior Foreign Applicatio	n(s)	11	<b>.</b>	_	Priority Cl	aimed		
Insert Priority Information	PA 2004 00498	De	enmark	Ma	arch 29, 2004	×	[:]		
(if appropriate)	(Number)	(Country)			Day/Year Filed)	Yes	No		
	(Number)	(Country)		(Month/I	Day/Year Filed)	Yes	No		
	(Number)	(Country)		(Month/I	Day/Year Filed)	Yes	No		
	(Number)	(Country)		(Month/I	Day/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional			March 31, 2004						
Application(s): (if any)	(Application Number) (Filing Date)								
	(Application Number)	**************************************	(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested Information (if appropriate)	Country	·	Application Nu	mber	Date of Filing (N	Month/Day	/Year)		
			<del></del>						
	I haroly claim the henefit under Title 25 Heited Course C. 1. Cook C.								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of								
	this application is not disclo	sed in the prior l	United States and/o	or PCT applicati	ion in the manner	provided by	the first		
	this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the								
	patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.	F Flynonion and t		- = commonar ming	, date of tius ap	pacation.				
Application(s): (if any)	(Application Number)		(Filing Date)	(Sta	tus – patented, per	nding, aban	doned)		
	(Application Number)		(Filing Date)	(Sta	tus - patented, per	nding, aban	doned)		

(Rev. 05/2004)

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	, parameter incident								
Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE*								
insert Name of Inventor →	Biarne H. DAHL	INVENTOR'S SIGNATURE		DATE*					
insert Date This	,	Gaw hall		08-08-06					
Document is Signed	Residence (City, State & Country)		CITIZENS	HIP					
Insert Residence Insert Citizenship →	Ballerup, Denmark	•	· I	Denmark					
Insert Post Office	MAILING ADDRESS (Complete Street Address								
Address →	c/o NeuroSearch A/S; 93 Pederstrupvej; DK-2750 Ballerup; DENMARK								
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE							
Inventor, if any:	Dan PETERS	INVENTORSSIGNATURE		DATE*					
see above		Male	-5	07-07-06					
	Residence (City, State & Country)	CITIZENSHIP							
	Ballerup, Denmark	Sweden							
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	c/o Neurosearch A/S; 93 Pederstrupvej; DK-2750 Ballerup; DENMARK								
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1	DATE*					
Inventor, if any: see above	Gunnar M. OLSEN		′	07-07-06					
	Posidones (City Ctaty & Co.	Grunner a Ce	$\sim$						
	Residence (City, State & Country) Ballerup, Denmark		CITIZENSI						
				Denmark					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	c/o Neurosearch A/S; 93 Pederstrupvej; DK-2750 Ballerup; DENMARK								
Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	Tino Dyhring JØRGENSEN								
	Residence (City, State & Country)	I'm fagur		11/2-2006					
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ull Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME Daniel B. TIMMERMANN	INVENTOR'S SIGNATURE		DATE*					
see above	Daniel B. Hivivieriviann			11/2-2001					
	Residence (City, State & Country)	- James	TCITIZENSI	HIP					
	Ballerup, Denmark	Denmark							
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ull Name of Sixth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		D. A TITO					
Inventor, if any: see above		INVENTORSSIGNATURE	. [	DATE*					
acc above									
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (5								
	MAILING ADDRESS (Complete Street Address including City, State & Country)								

\*DATE OF SIGNATURE